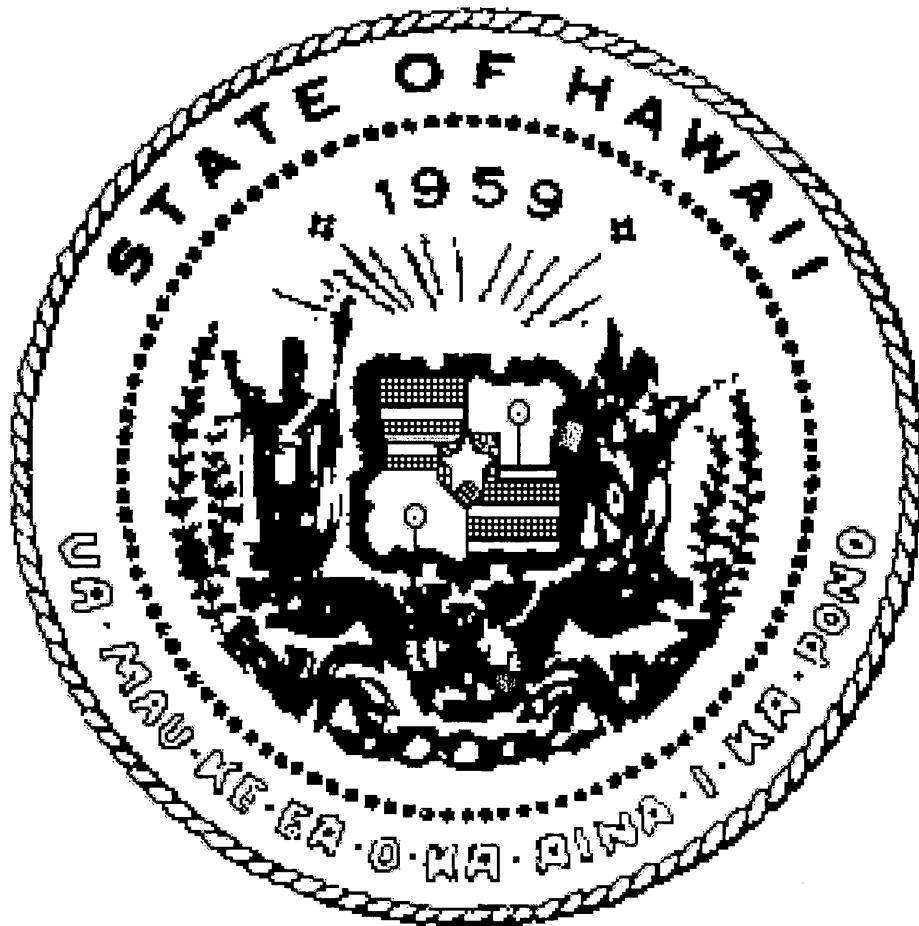


A GUIDE TO CHILD WELFARE SERVICES



State of Hawaii
Department of Human Services
Social Services Division
Child Welfare Services Branch

Aloha,

This *Guide to Child Welfare Services (CWS)* was developed to help the Child Welfare Services Branch better serve you and to help answer some questions you may have.

Child safety is our paramount concern. The Department of Human Services, Child Welfare Services Branch, is committed to strengthening families and helping parents provide a safe family home for their children. If foster care is necessary to ensure the safety of a child, every reasonable effort will be made to have the child placed with relatives, kin or family friends.

When a child cannot be safely returned to the family home within a reasonable time frame as defined by state and federal laws, the Child Welfare Services Branch is mandated to find an alternate permanent placement such as adoption or legal guardianship.

We hope this Guide is helpful in explaining how the Child Welfare Services Branch operates and how we can help your family. If you have further questions, please contact the child's CWS worker.

Lillian B. Koller
Director
January 2007

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What is Child Welfare Services and what does the Child Welfare Services Branch do?

Child welfare services are services provided by the Department of Human Services, Child Welfare Services Branch, to children and their families when the children are reported to have been abused and/or neglected or to be at risk for abuse and/or neglect. These services include child protection, family support, foster care, adoption, independent living, and licensing of foster family homes, group homes, and child placing organizations.

The mission of the Child Welfare Services Branch is to ensure the safety and permanency of children in their own homes or, when necessary, in out-of-home placements. When a child cannot be safely returned to the family within a reasonable time frame, we proceed with a permanent placement for the child through adoption, legal guardianship, or other long-term substitute care. The Child Welfare Services Branch has offices on the islands of Oahu, Hawaii, Kauai, Maui, Molokai, and Lanai.

CWS is not a private adoption agency; our goal is to provide services to assist you so that you can provide a safe home for your child. If that is not possible, CWS will aggressively search for relatives, kin or family friends who can provide a safe home for your child to maintain the child's connections to his/her family and cultural heritage.

What is Child Abuse or Neglect?

The law requires parents to provide their children with a safe family home, free from child abuse and/or neglect. Child abuse and neglect is often referred to as harm, and risk for child abuse and neglect is often referred to as threatened harm. Child abuse or neglect includes physical abuse or neglect, medical neglect, psychological abuse or neglect, inadequate care and supervision, sex abuse, or giving illegal drugs to a child by a family member, legal guardian, or a person responsible for that child's care. You can also refer to the Hawaii Revised Statutes (HRS) Chapter 587, which defines child abuse and neglect in more detail. See page 10 for information on how to review HRS Chapter 587.

How does CWS receive a report?

Any person who has reason to believe that a child has been or may be abused and/or neglected can immediately report to CWS or to the police department. The law requires certain people to report child abuse and/or neglect. These include doctors, nurses, other health-related professionals; employees or officers of schools; employees in social, medical, hospital, or mental health services, including financial assistance; employees or officers of any law enforcement agency; and individual providers or employees or officers of any child care facility.

Those who are required to report and who knowingly fail to report, or who knowingly fail to provide additional information, or who prevent another person from reporting such an incident, shall be guilty of a petty misdemeanor. A person who has been convicted of a petty misdemeanor may be fined or sentenced to imprisonment for a definite term as determined by the court. For more

information on mandated reporters, refer to HRS Chapter 350.

Can I find out who made the report?

No. According to HRS Chapter 350-1.4 (b), we must make every reasonable good faith effort to maintain the confidentiality of the name of the individual who makes a child abuse report. The name of the individual can only be released if the individual agrees or by court order.

What happens during the assessment?

A CWS worker is assigned to assess the report and to determine if it is true. The worker will gather as much information as possible by talking to you, the child, relatives, kin and family friends and if necessary, others in the community such as neighbors, the school, and pediatrician. A decision whether the report is confirmed, not confirmed, or unsubstantiated must be made within sixty days of the date the report was accepted for assessment.

What right does the CWS worker have to come to my home?

CWS is required by law (HRS Chapter 350, HRS Chapter 587) to immediately take appropriate action on all reports of child abuse and neglect. In order to do this as fairly and as thoroughly as possible, the CWS worker needs to talk to you and your family. The CWS worker may also need to talk to other people in order to complete the assessment.

Can the CWS worker interview my child without my consent?

Yes. HRS Chapter 587-21 allows the CWS worker to interview the child without the parent's prior approval and without the presence of the child's family.

What are my rights during the CWS assessment?

- To know the allegations of child abuse and/or neglect
- To know whether the report of child abuse and/or neglect is confirmed, unconfirmed or unsubstantiated
- To know what action, if any, CWS will take
- To hire an attorney
- To have an advocate

What is an advocate?

An advocate can be a relative, a friend or someone from your church or community, whose support you want during your involvement with CWS. The advocate can be an attorney or a non-attorney.

You have the right to ask CWS to have your advocate participate in your CWS case. If your case goes to Family Court, you have the right to ask the Family Court to have your advocate participate in the court's proceedings.

Will the police get involved?

The police may investigate with the CWS worker or conduct their own investigation. Child abuse and neglect reports can be made to CWS or to the police department. CWS forwards all reports to the police and the police determine whether they will conduct a criminal investigation.

Will my child get taken away from me?

If a law enforcement officer determines that a child is unsafe in his/her home, the law enforcement officer will remove the child and release the child to the temporary custody of CWS and for foster care placement.

Law enforcement officers are the only ones who have the legal authority to remove a child from his/her parents. CWS does not have this authority.

What happens after my child is released to the temporary foster custody of CWS?

CWS has three working days to assess the safety of your home. If CWS determines that your home is safe, your child will be returned to your home by the third working day. See also page 4 "What happens during the assessment?"

What happens if CWS determines that my home is not safe and that my child must remain in foster custody?

Foster custody is the legal status defined by HRS Chapter 587 and means that the child is in foster care because the family is presently not willing and able to provide the child with a safe home, even with the assistance of a case plan. See also page 8 “What is a case plan?”

CWS may ask you to sign a Voluntary Foster Custody Agreement to allow your child to stay in foster custody while CWS works with you to identify the services that are needed to make your home safe for your child’s return. If you sign the Voluntary Foster Custody Agreement, you have the right to verbally cancel or terminate the agreement and ask for your child to be returned. CWS must either return your child to you or seek law enforcement’s intervention to have your child remain in CWS custody.

Or, CWS may file a temporary foster custody petition with the Family Court. Once a petition is filed in Family Court, a hearing will be scheduled within 2 working days from the date the temporary foster custody petition is filed.

Does foster custody mean my child is in foster care placement?

Yes. The primary goal of CWS is to maintain the child safely in the family home. When this is not possible, your child will be placed in foster care and CWS will make every effort to place your child with relatives, kin or family friends who are able to meet foster home licensing requirements as foster parents for the child. You will have visits with your child, unless CWS and/or Family Court determines that visitation is not in your child’s best interest. You can provide names of individuals who can help with transporting the children or supervising the visits.

Will CWS allow my relatives to be foster parents for my child who is in CWS custody?

CWS is committed to keeping your child safe from abuse and neglect and maintaining family connections. CWS will make every reasonable effort to place your child with appropriate relatives, kin or family friends who are able to provide your child with a safe, protective and loving home environment while CWS works together with you to resolve safety issues that led to your child’s removal from your home.

CWS is committed to aggressively finding family and relatives, **both maternal and paternal**, who can help care for your child. CWS believes that it is less traumatic for your child to be placed with relatives, kin or family friends. However, CWS needs your help to identify appropriate relatives, kin or family friends who can meet Federal and State foster home licensing requirements. See the Appendix to this Guide for frequently asked questions about foster home

licensing requirements. If you have more questions about the requirements, your child's CWS worker can help explain the requirements further. An Ohana Conference can also help you and your relatives, kin or family friends understand licensing requirements. You are entitled to have an Ohana Conference and the number to call is listed on page 11 of this Guide.

CWS has a contract with Partners In Development Foundation (PIDF) to implement the Hui Hoomalu project to recruit, train, conduct home studies, and provide support services to foster families. Also, PIDF's Kokua Ohana project focuses on the recruitment and licensing of Native Hawaiian foster families.

Because children, especially babies, need stable and consistent care while they are in foster care, CWS wants to place children with appropriate relatives, kin or family friends right away. Once your child is settled in a non-relative foster home, it becomes very difficult for CWS to place him/her with relatives, kin or family friends afterwards.

Many people involved in your CWS case may oppose moving your child from a non-relative foster home to a relative or kin foster home because your child has "bonded" or "attached" to the non-relative foster family. Those who have often opposed moving your child from a non-relative foster home to a relative or kin foster home include the non-relative foster parents themselves, the guardian ad litem appointed by the Family Court to represent your child's best interest, CWS staff and service providers, including the CWS Multidisciplinary Team (comprised of a pediatrician, nurse, psychologist, social worker).

This is why CWS needs your help by identifying appropriate relatives, kin or family friends as soon as possible. Often times, parents are reluctant to tell relatives, kin or family friends about CWS involvement, believing that it is not necessary because the child will be returning home soon. Keep in mind that it usually takes about 12 months after the child's removal before the child is reunited with his/her parents. Therefore, do not delay in providing names of family members - **both maternal and paternal** - to your CWS worker right away. There have been many situations where children are adopted outside of their families because appropriate family members were not identified early on in the CWS cases.

CWS needs your help and your family's help to identify appropriate relatives, kin or family friends to become foster parents for your child, preferably within the first 30 days after the child is placed in CWS custody. Also, CWS encourages relatives, kin or family friends to come forward themselves and call CWS as soon as possible if they know the child is in CWS custody and want to become foster parents for your child.

How can CWS help me?

CWS provides services and referrals to help strengthen families. Services may include:

- Family conference or Ohana Conference
- Parenting education, support groups
- Individual, marital, or family counseling
- Substance abuse treatment
- Mental health services through our partnership with the Department of Health

- In-home support and outreach, child care
- Emergency help with food, clothing, rental deposit
- Foster care

Your CWS worker can provide you with a list of available resources. Some services are not always available in every area; however, CWS makes reasonable efforts to secure the services that you and your family need.

What is a case plan?

When services are needed, CWS will develop a case plan (like a road map) with you to identify services to help your family provide a safe family home for your child. The case plan is made with your input and includes:

- The goals to be accomplished and why
- The services you and your family need
- How and by whom services are to be given
- The responsibilities for you, CWS, and others (e.g., foster parents) who are participating in the case plan
- When the goals are to be completed
- The consequences if the services are not completed and the goals are not accomplished

Discussing your case plan is often done at an Ohana Conference and helps parents, relatives, kin, family friends and others who are involved in the case, understand what is needed to make the home safe for the child.

What can I do if I disagree with the findings of the CWS assessment?

If your case is not involved with Family Court, you can request to speak with the CWS worker's supervisor or administrator, and you can also request an Administrative Hearing. A sample form to request an Administrative Hearing and important instructions are included at the back of this Guide.

If your case is involved with Family Court, you can share your concerns with the court.

How can I make sure that the CWS record includes my comments or corrections that I think should be made?

We encourage you to submit your comments or corrections in writing. Your written documentation will be included in the CWS record.

If your case is involved with Family Court, we encourage you to submit your written

documentation to the court also.

Can I have my name removed from the CWS database?

Yes, in some circumstances. HRS Chapter 350-2 (d) permits the Department to maintain a database of reported child abuse or neglect cases and your case will be maintained by the Department to assist in future risk and safety assessments. HRS Chapter 350-2 (d) also requires the Department to remove or expunge your name from the Department's database if the child abuse report is unsubstantiated (the report was found to be made frivolously or in bad faith) or the Department's petition arising from the child abuse report was dismissed by the Family Court.

If CWS confirms child abuse or neglect, the information is entered into the Department's database to help with future risk and safety assessments. The information may be used in the future with your informed consent, as provided by Federal and State laws and DHS Rules, for a background check for employment, or if you apply to be a foster parent or a childcare provider.

If CWS does not confirm child abuse or neglect, the information is entered into the Department's database to help with future risk and safety assessments. The information will not be used in the future as part of a background check for employment, or if you apply to be a foster parent or a childcare provider.

Do I need a lawyer?

- You have the right to consult with a lawyer on your own at any time during CWS' involvement with your family.
- If your case goes to Family Court, you are encouraged to fill out the Family Court's application for a lawyer (sample form is included at the back of the Guide). The Family Court will decide whether you are eligible for a court-appointed attorney. Otherwise, you may hire your own attorney.
- If you have an advocate, you have the right to ask CWS that your advocate participates in your CWS case. If your case goes to Family Court, you have the right to ask the Family Court for permission to have your advocate participate in the court proceeding.

What is a Family Court hearing?

CWS submits a petition to the Family Court when CWS determines that the family cannot or will not do what is necessary to ensure the safety of a child. There is a hearing before a judge to determine whether there is sufficient reason for the State to intervene on your child's behalf. The

CWS worker will inform you when a petition is filed with Family Court and will provide you with the forms to complete to apply to Family Court for a court-appointed attorney (a sample form is included at the back of this Guide).

What about my child's rights?

If a Family Court proceeding is required, the child will be appointed a guardian ad litem who will protect your child's interests during the legal proceedings.

What if I do not agree with the Family Court's order?

WHAT FOLLOWS IS A SIMPLIFIED VERSION OF THE APPEAL PROCESS. IT IS NOT INTENDED AS LEGAL ADVICE. IN THE EVENT YOU DECIDE TO APPEAL A COURT'S DECISION, WE STRONGLY RECOMMEND THAT YOU CONSULT WITH AN ATTORNEY TO ASSIST YOU WITH THE PROCESS.

- If you disagree with the Family Court's order and you want to appeal, you **MUST** file a "Motion for Reconsideration" within 20 calendar days from the date of the court's order. **Calendar days include weekends and holidays.**
- If the Family Court denies your "Motion for Reconsideration" and you want to appeal further, you **MUST** file a "Notice of Appeal" with the Family Court within 30 calendar days from the date of the court's order.
- Either the Intermediate Court of Appeals or the Supreme Court will review your case and will decide whether the Family Court's order was correct.
- If the Intermediate Court of Appeals decides your case and you disagree with the decision, you must file a "writ" (similar to a motion) within 30 calendar days with the Supreme Court to ask the Supreme Court to review the Intermediate Court of Appeal's decision.
- If the Supreme Court decides your case and you disagree with the decision, a "Motion for Reconsideration" must be filed within 10 calendar days with the Supreme Court.

Can I get my child back after losing my parental rights?

Probably not. The termination of your parental rights is a legal decision made by the Family Court that you could not provide a safe family home for your child while your child was in foster care, even with the assistance of a case plan, within a reasonable period of time, not to exceed two years from the date when your child was first placed in foster custody.

Once your parental rights are terminated, the Family Court places your child under the Department's permanent custody and your child will be placed in an alternate permanent placement such as adoption or placed in the permanent custody of another caretaker. If your child has not been adopted or placed in the permanent custody of another caretaker, according to HRS Chapter 587-73 (b) (3) (C), you can file a Motion to Intervene with the Family Court to show the court that there have been extraordinary circumstances (major turn-around) in your life. The court will review the Motion and decide whether to give you another chance to care for your child.

Can I visit my child after losing my parental rights?

Probably not. If your child has been adopted or placed in the permanent custody of another caregiver, the child's caregiver has the right to decide whether to allow you to visit with your child.

If your child has not been adopted or placed in the permanent custody of another caregiver, according to HRS Chapter 587-1, you will be allowed to visit your child only if CWS, the child's guardian ad litem, and the Family Court determine that your visit with the child is in your child's best interest.

How can I get more information?

You can review Hawaii Administrative Rule 17-920.1, which pertains to CWS, via the Internet at <http://swat.state.hi.us/vrc.htm>. Or you can review the rule in the CWS office or in the Office of the Lieutenant Governor. If you would like a copy of the rule, a fee will be charged to cover the photocopying cost. You can also review HRS Chapters 350 and 587, the laws that pertain to child abuse and neglect, via the Internet at <http://www.capitol.hawaii.gov/site1/docs/searchhrs.asp> or in the reference section of your state library.

The Statewide toll free child abuse reporting hotline number is 1-800-494-3991 and the toll free fax number is 1-800-399-1614. The child abuse and neglect reporting hotline is answered 24 hours a day, seven days a week, 365 days a year.

To request an Ohana Conference, call (808) 838-7752.

Another source of important information is the sex offender website via the Internet at <http://sexoffenders.ehawaii.gov/search.jsp>.



State of Hawaii
Dept. of
Human Services



BILINGUAL OR SIGN INTERPRETER SERVICES

We can provide a bilingual or sign language interpreter at no charge to you, so that you know what we are saying. Do you want us to provide an interpreter?

Complete this form and return to the address listed at the top of the first page.

- ☐ Yes, I will need a _____ language interpreter.
- ☐ No, I will provide my own interpreter or have a family member or friend interpret for me. I understand that my interpreter must be good enough so that I know what you are saying to me.
I speak/understand _____ language.

My name is _____
Last First

Address: _____
Street Apt.#

City Zip Code

Phone: _____ Social Security Number: _____

KOREAN

이중언어 또는 귀먹은 사람을 위한 통역자 봉사

우리는 당신에게 우리가 무엇을 말하는지 아시도록, 이중언어나 사인언어 통역자를 무료로 제공해드릴수 있습니다. 우리가 당신께 통역자를 제공해 드리기를 원하십니까? 이 양식을 완성시키셔서 첫장의 맨 꼭대기에 적힌 주소로 돌려보내주세요.

- ☐ 네, 저는 _____ 말 할수있는 통역자가 필요합니다.
- ☐ 아니요, 저는 저의 통역자를 마련하거나 내 가족중에서나 친구가 저를 위해 통역을 해줄수있습니다. 저는 저의 통역자가 당신이 저에게 말하는 것을 제가 이해 할 수있게 할 능력이 있음을 인지합니다.
저는 _____ 말을 합니다.

저의 이름은 _____
성 이 름

주소: _____
거리 아파트 번호

시 우편번호

전화: _____ 사회보장제도번호: _____

CHINESE

雙語或手語傳話服務

我們可以免費給你提供一位雙語或手語譯員，以便你能夠了解我們所說的話。

你想要我們提供一位譯員嗎？

請填妥此表格，然後依照第一頁頂頭所列的地址寄回。

☐ 是的，我需要一位能夠講_____話的譯員。

☐ 不要，我自己會找一位譯員或親友來給我傳話。我知道給我傳話的人必須有足夠的語言能力才能夠使我明白你們對我所說的話。

我講_____話。

我的姓名：_____（先寫姓，後寫名）

地址：_____（門牌、街道、單位）

_____（市、郵區號碼）

電話：_____ 社會保障（即工卡）號碼：_____

JAPANESE

二か国語、または手話の通訳者サービス

私たちが話すことの内容をあなたに理解していただくために、二か国語、あるいは手話による通訳者の手配を無料にて行っています。あなたはこのような通訳サービスが必要ですか？この用紙に必要事項を記入の上、1 ページ目の上部に記載されている住所宛に返送してください。

☐ はい。_____語を話す通訳者を手配してください。

☐ いいえ。自分で通訳者を用意するか、家族／親戚、または友人が私の通訳をします。この場合、私の通訳を行う者は、私があなたの言葉を理解するために十分な能力を持った者でなければならぬことを了承します。

私は_____語を話します。

名前：_____

住所：_____

番地

ストリート名

アパート番号

市

ZIPコード

電話：_____ ソーシャル・セキュリティ番号：_____

LAOTIAN

ໂຄງການລັບໃຊ້ດ້ານແປພາສາຕ່າງໆ ພ້ອມດ້ວຍພາສາກີກ

ພວກເຮົາສາມາດຊ່ວຍແປພາສາ, ແລະພາສາກີກໃຫ້ທ່ານໄດ້ໂດຍບໍ່ໄດ້ເສັຽເງິນຫຍັງໝົດ, ຫວັງວ່າ

ທ່ານຄິດຈະເຂົ້າໃຈສິ່ງທີ່ເວົ້າມານີ້. ທ່ານຕ້ອງການປາກໃຫ້ພວກເຮົາຊ່ວຍໃນດ້ານແປພາສາບໍ່ ?

ກະຊວງພື້ນຖານຂໍອະນຸຍາດໃຫ້ທ່ານຕ້ອງການທີ່ປຸງຂ້າງເທິງນີ້.

☐ ຕົກລົງ. ຂ້ອຍຕ້ອງການນາຍພາສາ ທີ່ ປາກພາສາ.....ໄດ້.

☐ ບໍ່. ຂ້ອຍຈະເອົານາຍພາສາຂອງຂ້ອຍເອງ ຫລື ຄົນທີ່ຢູ່ໃນຄອບຄົວ ຫລື ໝູ່ເພື່ອນມາເປັນ

ນາຍພາສາ. ຂ້ອຍເຂົ້າໃຈວ່າ ນາຍພາສາຂອງຂ້ອຍຈະເຂົ້າໃຈຕິທຸກຢ່າງທີ່ເວົ້າມານີ້.

ຂ້ອຍປາກພາສາ.....

ຊື່ຂ້ອຍແມ່ນ _____

ນາຍພາສາ

ຊື່

ທີ່ຢູ່ _____

ເລກເຮືອນແລະຖານ

ຈາກການ

ເມືອງ

ຮັກ

ໂທລະສັບ

ໂທລະສັບ _____

ເລກໂທລະສັບ _____

SAMOAN

LUA GAGANA POO SAINI I LIMA INA IA MALAMALAMA

E mafai ona matou saunia gagana e lua poo saina i lima e te iloa ma malamalama ai e aunoa ma se tau. E mafai ona matou saunia se faamatala upu mo ia itu mo oe.

Faatumu avanoa o loo i lalo i le IOE poo le LEAI ma meli mai.

☐ Ioe, ou te manao i se faamatalaupu i le gagana _____

☐ Leai, ou te aumaia lava e au sau faamatala upu poo se tasi o lo'u aiga e malamalama lelei ina ia ou iloa mea uma.
Ou te tautala i le gagana _____

O lo'u igoa _____
Faai'u Igaa Muamua

Tuatusi _____
Street Apt #
city zip code

Telefoni _____ Numera Saogalemu _____

TONGAN

KO E POTO LELEI HA LEA FAKAFONUA 'E UA PE KO E FAKATONULEA
'OKU FAKA'ILONGA'AKI 'A E NIM'A

Te mau lava 'o 'omai ha taha 'oku poto lelei ha lea fakafonua 'e ua pe talanoa faka'ilonga'aki 'a e nima' 'o ta'e totongi pē ia kiate koe, koe'uhí ke tau femahino'aki 'a 'etau talanoá. 'Oku ke loto fiemālie ke mau 'omai ha taha ke fakatonulea?

Fakafonu 'a e pepa ko ení pea fakafoki ki he tu'asila 'oku hā atu 'i 'olunga 'i he peesi 'uluakí.

[] 'Io, te u fiema'u ha fakatonulea faka _____

[] 'Ikai, te u ha'u pē au mo 'eku fakatonulea pe ko e mēmipa pē 'o hoku fāmili, pē ko hoku maheni pē te ne fakatonulea ma'akú. 'Oku mahino lelei kiate au kuopau foki ke fu'u matu'aki poto lelei mo fe'unga 'a 'eku fakatonulea koe'uhí ke tau femahino'aki.
'Oku ou lea faka _____

Ko hoku hingoá ko _____
fakoiku 'uluaki

Tu'asilá: _____
hingoa 'e e hula fika 'o e apa

_____ koto kuhí fika fakafonu a
Fika telefoni: _____ Fika ngāue _____

TAGALOG

PAGLILINGKOD NG PAGSASALITA NG DALAWANG WIKA O PAGSASALIN SA PAMAMAGITAN NG SENYAS

Upang maunawaan ninyo ang aming sinasabi, magbibigay kami ng taong marunong magsalita ng dalawang wika o magsasalin sa pamamagitan ng senyas ng walang bayad. Nais niyo bang magkaroon ng tagasalin?
Tapusin ang pormas na ito at ibalik sa direksiyon na nakalista sa itaas ng unang pahina.

___ Oo, kailangan ko ng tagasalin na marunong magsalita ng _____
___ Hindi, magkakaroon ako ng sarili kong tagasalin o kamag-anak na magsasalin para sa akin.
Naiintindihan ko na ang aking tagasalin ay dapat marunong upang mauunawaan ko ang sinasabi mo sa akin. Ang aking wika ay _____

Ang pangalan ko ay _____
Apelyido _____ Pangalan _____
Tirahan: _____
Kalye _____ Bilang ng Tirahan _____
Lungsod _____ Zip Code _____
Telepono: _____ Bilang ng Sosyal Sekyuriti: _____

ILOCANO

SERBISYO TI DUA NGA PAGSASAO WENNO PANANGIPAWAAT BABAEN TI SENYAS

Tapno maawatam ti sawsaw-en mi, ikkan dakayo ti tao nga makaammo ti dua nga pagsasao wlenno mangipaawat babaen ti senyas nga awan ti bayad na. Kayat yo kadi nga malikkan kayo ti mangipaawat kadayo?
Palpasen daytoy nga pormas ken isubli iti direksiyon nga nakalista iti ngato ti umuna nga pahina.

___ Wen, masapul ko ti mangipaawat kaniak nga makasao ti _____
___ Saan, mangbiroka ti bukukod ko nga mangipaawat kaniak wlenno miyembro ti kaamaak nga mangipaawat kaniak. Ammok nga ti tao nga mangipaawat kaniak ket masapul nga nalang tapno maawat ti ibagbagam kaniak. Ti pagsasaok ket _____

Ti nagan ko ket _____
Apelyido _____ Nagan _____
Pagnaedan: _____
Kalye _____ Bilang ti Pagnaedan _____
Siudad _____ Zip Code _____
Telepono: _____ Numero ti Sosyal Sekyuriti: _____

VIETNAMESE

SỰ PHỤC VỤ THÔNG DỊCH VIÊN SONG NGỮ VÀ NGÔN NGỮ ƯỚC HIỆU

Chúng Tôi có thể cung cấp một thông dịch viên song ngữ hay là ngôn ngữ ước hiệu cho các bạn miễn phí, nên các bạn hiểu chúng tôi đang nói gì. Các bạn có muốn chúng tôi cung cấp một thông dịch viên không?

Hãy điền vào đơn này và gửi lại theo địa chỉ đang trên đầu trang thứ nhất.

Vâng, tôi sẽ cần một thông dịch viên mà có thể nói được tiếng _____

Không, tôi sẽ tự cung cấp một thông dịch viên cho tôi hoặc nhờ một người trong gia đình hay là một người bạn thông ngôn cho tôi. Tôi hiểu rằng thông dịch viên của tôi cần phải có đầy đủ khả năng để cho tôi hiểu các ông/bà đang nói gì với tôi.

Tôi nói tiếng _____

Tôi tên là _____
Họ _____ Tên _____

Địa chỉ: _____
Đường _____ Số phòng (apt. #) _____

Thành phố _____ Số bưu chính (zip code) _____

Số điện thoại: _____ Số an ninh xã hội: _____

SPANISH
SERVICIOS DE INTERPRETATION BILINGUE E CONVERSACION POR SENAS

Nosotros podemos proporcionar un interprete de idioma o de senas, sin ningun cargo a usted, para que usted sepa lo que nosotros estamos diciendo. Quiere usted que nosotros proporcionemos a un interprete?

Complete este formulario y devuelva a la direccion listada a la cima de la primera pagina.

____ Si, yo necesitare a un interprete bilingue de _____

____ No, yo proporcionare a mi propio interprete o tendre un miembro familiar o amigo interpretando para mi. Yo entiendo que mi interprete debe ser bastante bueno, para que yo sepa lo que usted esta diciendome.
Yo hablo/comprendo _____ language

Nombre _____

Apellido _____

nombre de pila _____

Direccion _____

Calle _____

numero _____

Ciudad _____

codigo postal _____

Telefono _____

Numero de Seguridad Social _____

MARSHALLESE

Kajin ko jet im jemaron in komeleleik doon kaki

Kom maron in jiban eok kon juon eo im emaron Ukok jabdewot kajin bwe kwon maron melele ta ko komij konono kaki. Kokonan ke bwe komin bukot juon rukot ainikiem ak ainikiom?

() Aet, inaj aikuj juon ri _____ bwe en maron iton
ukok tok nan eo.

() Jaab, inaj make kabbukot juon ao rukok, ak ne ejjab eokwe juon nuku ak jera eo im elab an tijemlok ilo
ukok bwe in maron melele kon aolep men ko komnej ba tok nan eo.

Na ij konono im melele kajin _____

Eta in _____ Last Name eo ao ej _____

Address: _____

Phone : _____ Social Security number: _____

TRUKESSE

MI WOR ACH ANINIS NON PEKIN AWEWE ME NON PEKIN POM

Kich mei tongeni awora chon epwe awewe me chon pom nge kosap moni, pun sia mochen omi kopwe weweiti met sia tongeni arenuk. En mei mochen epwe wor chon awewe ngonuk?

Kopwe amasawa ei toropwe, iwe ka tongeni tini ngeni ei neni mei nom asan ei paich.

// cheki U, ngang upwe nounou _____ chon awewe.

// Ap, upwe pusin awora nei chon awewe are upwe pusin areni chon non ai family
ika
upwe areni emon chiechiei. Ngang mei weweiti pwe io epwe chon awewe ngeni
ei epwe fokun sinei meinisin met ami aua areni ei.
Ngang ua kapas/ wewe non _____
Itom _____

Ome nas name _____

Itom _____

Neniom _____

Phone _____ nampan noum soson sikuriti _____

YOUR RIGHTS

ADMINISTRATIVE HEARING CONFIDENTIALITY NON-DISCRIMINATION

**State of Hawaii
Department of Human Services**

YOU HAVE A RIGHT TO APPLY FOR AN ADMINISTRATIVE HEARING

WHAT IS AN ADMINISTRATIVE HEARING?

An administrative hearing is an impartial review of the Department's action to deny your application for assistance or to reduce or stop benefits you are receiving; or the Department's failure to make a decision or inform you of the decision within a specified period of time. A hearing officer who was not involved in your worker's decision will review all the facts of your case and will decide if you have been treated fairly. If the hearing officer finds that you were not treated fairly, the Department will correct the action.

The Department must send you a written notice whenever your application for assistance is denied or your financial, childcare, food stamp, medical care, or social service assistance is reduced, suspended, withheld, or stopped.

If you do not agree with the action taken by the Department, you may call your worker, or ask for an informal meeting with the worker's supervisor, or you can request an administrative hearing. Your request for an administrative hearing must be received within 90 days from the date the notice was sent to you otherwise it will be too late for an administrative hearing.

When the Department receives your request for an administrative hearing, the Department must make and implement the administrative hearing decision within 60 days for the Food Stamp program and 90 days for the Public Assistance programs.

When the help you are receiving is stopped or reduced, the notice sent to you will explain the time period in which you must file for an administrative hearing in order for aid to continue until the administrative hearing decision is reached.

WHEN TO FILE?

When you applied for assistance and you were informed that you are not eligible but you disagree.

When the Department has taken more time than the following to process your application: 30 days if you are a food stamp or social service applicant; 45 days if you are applying for medical or financial assistance; 60 days if you are disabled and are applying for medical assistance.

When you are receiving help and you are told that your financial, medical, food stamp and/or social service assistance is being reduced or stopped, and you don't agree with the reasons the Department gave in reducing or stopping your help.

HOW TO ASK FOR AN ADMINISTRATIVE HEARING

You must request an administrative hearing in writing (oral request acceptable for food stamps) on the Department form or any other paper. The request must be received by the Department, your worker, unit office within 90 days of the date of the notice.

IS A LAWYER REQUIRED?

A lawyer is not required. You can bring a friend, relative, minister, or some other person to represent you. If you don't have anyone to represent you but you want help, the worker can give you information about a Legal Aid Office or a community agency which will provide advice or representation at no cost to you.

If you decided not to have anyone help you, it is a good idea to write down why you don't agree with the Department's action. In this way you will not forget what you want to say and it will help you to tell your story as clearly as you can.

You are required to appear in person at the administrative hearing unless you informed the Department, in writing, that you will be represented by an authorized representative.

WHAT ARE YOUR RIGHTS AT THE HEARING?

You can examine all documents and records to be used at the hearing at a reasonable time before the date of the hearing as well as during the hearing.

You can present the case yourself or with the help of other persons.

You can bring witnesses, including an interpreter. If you need an interpreter and don't have one, ask your worker to help you get one.

You and the Department must agree on the people who will be allowed to observe the hearing.

You can tell why you think the Department was wrong.

You can question the worker or the other witnesses of the Department.

NON-DISCRIMINATION

No one shall be excluded from or be denied eligibility for a Federally aided assistance program only because of his race, color, age, sex, physical or mental handicap, religious creed, national origin, or political beliefs.

If you believe that you been discriminated against for any of the above reasons, you have a right to file a complaint with the Department of Human Services, Civil Rights Compliance Office,

P.O. Box 330, Honolulu, Hawaii 96809. If you wish, your appeal may be taken beyond the Department up to the Federal Government. The address of the Federal Office is, Department of Health and Human Services, Region IX Office of Civil Rights, 50 United Nations Plaza, Room 322, San Francisco, California 94102. For Food Stamps, you may appeal to the Secretary of Agriculture, Washington, D.C. 20250.

CONFIDENTIALITY

State and Federal laws require that the Department cannot release any information about you to anyone without your written permission unless such release is directly related to the administration of the assistance programs, including financial assistance, child support, medical assistance, food stamp benefits, and social services programs, or is needed in specific protective service situation.

FOR DEPARTMENT USE ONLY

STATE OF HAWAII

Date Request was Received: _____

Department of Human Services, Social Services Division

CHILD WELFARE SERVICES BRANCH

Name of Worker and Phone Number: _____

CWS Unit Name and Address: _____

REQUEST FOR ADMINISTRATIVE HEARING

Print your name and mailing address: _____

I would like an Administrative Hearing because I do not agree with the action taken by Child Welfare Services (CWS). I do not agree with (check one of the following):

- ☐ My application for services/payments was denied.
- ☐ My current services/payments were reduced or stopped.
- ☐ Other.

Briefly explain: _____

If your Administrative Hearing request is filed by established deadlines and you were receiving services/payments, your services/payments will not be terminated or reduced until the Administrative Hearing decision is made. If the Administrative Hearing decision is not in your favor, you will need to repay the amount you received in payments. If you want your payments to stop while you wait for your Administrative Hearing decision, place a check mark here [☐].

You have the right to identify someone to be your Authorized Representative to represent you in the Administrative Hearing. If this is what you want, complete the sentence below.

I want _____ as my
print the individual's name and mailing address

Authorized Representative to represent and act for me in the Administrative Hearing.

You must sign this form to complete your request for an Administrative Hearing and you must return this form to the CWS unit that is listed above within 90 calendar days of the date of this notice that your application for services/payments was denied or your current services/payments were being reduced or stopped if you want an administrative hearing.

Your Signature

Date

1 copy to AAO
1 copy to the Client
1 copy for the Case Record

Exp. 12/2005

FOR DEPARTMENT USE ONLY

STATE OF HAWAII

Date Request was Received: _____

Department of Human Services, Social Services Division

CHILD WELFARE SERVICES BRANCH

Name of Worker and Phone Number: _____

CWS Unit Name and Address: _____

REQUEST FOR ADMINISTRATIVE HEARING

Print your name and mailing address: _____

I would like an Administrative Hearing because I do not agree with the decision of the Child Welfare Services (CWS) child abuse and/or neglect investigation.

You have the right to identify someone to be your Authorized Representative to represent you in the Administrative Hearing. If this is what you want, complete the sentence below.

I want _____ as my
print the individual's name and mailing address

Authorized Representative to represent and act for me in the Administrative Hearing.

You must sign this form to complete your request for an Administrative Hearing and you must return this form to the CWS unit that is listed above within 90 calendar days of the date of the Notice informing you of your being a confirmed perpetrator if you want an administrative hearing.

Your Signature

Date

1 copy to AAO
1 copy to the Client
1 copy for the Case Record

Admin Hearing Request relating to CWS investigation - Exp.12/2005

STATE OF HAWAII FAMILY COURT SECOND CIRCUIT	APPLICATION FOR COURT-APPOINTED COUNSEL	CASE NUMBER FC-J NO.						
Application is hereby made for a court-appointed counsel for: NAME: _____ ADDRESS: _____ _____ _____ ALLEGED VIOLATION(S): _____ _____ _____ _____		BIRTHDATE PHONE NO.						
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; vertical-align: top;"> Subject's Employment Information: CURRENT EMPLOYER: NAME ADDRESS </td> <td style="width: 40%; vertical-align: top;"> SOCIAL SECURITY NUMBER MONTHLY INCOME <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">NET</td> <td style="width: 50%; text-align: center;">GROSS</td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table> </td> </tr> </table>			Subject's Employment Information: CURRENT EMPLOYER: NAME ADDRESS	SOCIAL SECURITY NUMBER MONTHLY INCOME <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">NET</td> <td style="width: 50%; text-align: center;">GROSS</td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table>	NET	GROSS	\$	\$
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NET	GROSS							
\$	\$							
FAMILY FINANCIAL STATEMENT FOR SUBJECT AND PARENT APPLICANT. Subject/Parent-Applicant is presently receiving assistance from a government or private charitable organization in the form of: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Welfare</div> <div style="width: 50%;"><input type="checkbox"/> Medicaid/Medicare</div> <div style="width: 50%;"><input type="checkbox"/> Food Stamps</div> <div style="width: 50%;"><input type="checkbox"/> Legal Guardianship of the Person</div> <div style="width: 50%;"><input type="checkbox"/> Regular Provisions of Food, Clothing, Shelter, from Charitable Organization.</div> </div>								
Family Financial Statement (Exhibit A) to be completed when Subject/Parent-Applicant does not receive any form of assistance.								
THE UNDERSIGNED SUBJECT OR PARENT-APPLICANT DECLARES UNDER PENALTY OF PERJURY THAT THE INFORMATION SUPPLIED ABOVE AND/OR THE ATTACHED EXHIBIT A IS TRUE, CORRECT AND COMPLETE, AND THE UNDERSIGNED UNDERSTANDS THAT KNOWINGLY GIVING FALSE STATEMENTS UNDER PENALTY OF PERJURY IS A CRIME WHICH CARRIES A MAXIMUM PENALTY OF IMPRISONMENT FOR FIVE YEARS.								
DATE	SUBJECT'S SIGNATURE							
DATE	APPLICANT'S SIGNATURE	RELATIONSHIP TO SUBJECT						

STATE OF HAWAII FAMILY COURT SECOND CIRCUIT	FAMILY FINANCIAL STATEMENT EXHIBIT A	CASE NUMBER FC- NO.
--	---	--

FAMILY SURNAME _____	ALIAS _____
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I. DEPENDENTS

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. FINANCIAL INFORMATION: (If you receive wages or income from any of these, mark each source and indicate how much you receive per month)

<input type="checkbox"/> Wages/Salary Gross \$ _____ Net \$ _____ <input type="checkbox"/> Social Security \$ _____ <input type="checkbox"/> Unemployment \$ _____ <input type="checkbox"/> Pension/Retirement \$ _____	<input type="checkbox"/> Veteran's Benefits \$ _____ <input type="checkbox"/> Worker's Compensation \$ _____ <input type="checkbox"/> Child Support \$ _____ <input type="checkbox"/> Alimony \$ _____ <input type="checkbox"/> Other: \$ _____ TOTAL (ALL SOURCES) \$ _____
---	---

IF YOUR SPOUSE RECEIVES WAGES OR INCOME FROM ANY OF THESE SOURCES, MARK EACH ONE AND SHOW HOW MUCH HE/SHE RECEIVES PER MONTH FROM EACH:

<input type="checkbox"/> Wages/Salary Gross \$ _____ Net \$ _____ <input type="checkbox"/> Social Security \$ _____ <input type="checkbox"/> Unemployment \$ _____ <input type="checkbox"/> Pension/Retirement \$ _____	<input type="checkbox"/> Veteran's Benefits \$ _____ <input type="checkbox"/> Worker's Compensation \$ _____ <input type="checkbox"/> Child Support \$ _____ <input type="checkbox"/> Alimony \$ _____ <input type="checkbox"/> Other \$ _____ TOTAL (ALL SOURCES) ... \$ _____
---	---

CASH:

On Hand or Held by Others for Subject	\$ _____
On Hand or Held by Others for Parents	\$ _____

SAVINGS:

Bank (Name)	\$ _____
Credit Union (Name)	\$ _____
Savings and Loan (Name)	\$ _____
Other (Name)	\$ _____

PROPERTY:

Home Equity	\$ _____	Value \$ _____
Real Estate (Describe)		\$ _____
Equity	\$ _____	Value \$ _____
Stocks/Bonds		Value \$ _____
Other (Describe)		Value \$ _____

MOTOR VEHICLE: Do you own a motor vehicle ☐ No
 ☐ Yes

Year _____ Model _____	Value \$ _____
Date Purchased _____	Purchase Price \$ _____
Other Vehicles: (Describe—Boat, Camper, Trailer, Etc.)	Value \$ _____

III. EXPENSES		MONTHLY PAYMENTS
1. Rent or Mortgage:	\$	\$
2. Utilities—Gas: \$ Water: \$	Telephone: \$ Electricity: \$	\$
3. Food		\$
4. Clothing		\$
5. Laundry		\$
6. Automobile/Bus		\$
7. School		\$
8. Recreation and Other Incidentals		\$
9. Debts and Notes (Name of Creditors)		AMOUNT OWED
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL	\$	\$

Foster Home Licensing Requirements

Frequently asked questions regarding foster home licensing requirements:

1. What process does Child Welfare Services (CWS) follow in approving foster parents?

The approval process requires the worker to:

- a. Conduct child abuse and neglect checks and criminal history clearances on all adult household members
- b. Conduct a home visit
- c. Obtain references on the prospective foster parents
- d. Obtain medical reports for the prospective foster parents and TB clearances for all adult household members
- e. Obtain a copy of a marriage certificate, if applicable, for the prospective foster parents
- f. Obtain financial information and employment history for the prospective foster parents

2. What criminal or child abuse history would rule me out as a foster parent?

CWS follows the Federal Law which **prohibits** the licensing of a foster parent if:

- a. At any time, there has been a felony conviction for child abuse and neglect; spousal abuse; a crime against a child or children, including child pornography; or a crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery.
- b. If within the last five years, there has been a felony conviction for physical assault, battery or a drug related offense.

Other situations of confirmed child abuse and neglect cases and other criminal convictions would need to be assessed by CWS staff to determine whether or not they pose a risk to children in care.

3. Do prospective foster parents receive any training?

Yes, applicants are required to attend an 18-hour pre-service training, called PRIDE. Partners In Development Foundation -- Hui Hoomalu -- is contracted by the Department to provide the training.